

Social, Ethical, and Policy Issues in Medically Assisted Reproduction



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Traditional Recipe for Baby-making

Ingredients:

- Sexual intercourse
- Between wife and husband
- Fertilization through their gametes
- Pregnancy and birth



Alternative recipes

- IVF
- ICSI
- AID, AIH
- Egg donation
- GIFT, ZIFT
- “surrogacy”



Problematic terms

- Infertility
- Family, family building
- Procreative liberty
- Right to have a child, right to reproduce
- Preembryo
- Fetal (or pregnancy) reduction
- Parent
- Surrogacy
- Abortion



An egalitarian conception of justice

cf. fairness, equality, equity

- Equality does not mean SAMENESS
- Equality means SAME VALUE
- E.g., $2 + 3 = 5 = 6 - 1$
- Or $x = y$, $XX = XY = XXY = XO$



Some ethically relevant differences in asstd. reproduction

- **Class**
- **Gender or sex**

Note:

- Some differences are changeable, some unchangeable.
- Some are equitable, some are not equitable.
- Justice requires effort to reduce inequitable impact of differences.



Gender differences relevant to assisted reproduction

- Major impact on women's bodies (even for treatment of male infertility)
- Women are principal caregivers of children



Genetics or gestation

- Question for women: If you want to have a biological tie to your child, but could choose only one of the following, which would it be?
 - To be pregnant and give birth without being genetically related
 - To be genetically related without being pregnant and giving birth



Genetics or gestation

- Question for men: Which would you choose (assuming your partner is open to either alternative and you would be the genetic father)?
 - Your partner would carry the pregnancy and give birth without being genetically related
 - Your partner would be genetically related but would not be pregnant and give birth



Responses of women men

Genetics	48.6%	73.5%
Gestation	51.4%	26.5%
(p= 0.032)		



Class differences relevant to assisted reproduction

- Underallocation of technology – for those who cannot pay or have it covered
- Overallocation of technology – to those whose income or coverage level brings (increases?) pressures to seek treatment
- 3rd party involvement: income level of donors vs. that of recipients



An alternative framework: libertarian theory

- Central claim: choice is paramount, implying the primacy of procreative liberty or reproductive rights
- Limitations:
 - applies only to those who can pay or are covered
 - right to biological child ~ right to property



Steps to egalitarian justice

- Identify the differences – gender, class, race, etc.
- Determine whether they are associated with inequality
- Determine whether they are changeable
- For changeable differences associated with inequality, attempt to change them
- For unchangeable differences associated with inequality, introduce measures that reduce inequitable impact



• For differences not associated with inequality,
Vivent les differences!

Requirements of egalitarian justice in assisted reproduction

- Same standards for research and therapy applicable to all, regardless of income
- Regulations applicable to private as well as public sector
- Development of regulation through participation by those most affected
 - including current, past, & potential consumers of reproductive technology



Current areas of research to consider

- Embryo splitting
- Ova freezing



Differences in moral positions e.g., re disposition of extra embryos

Alternatives for disposition:

- Freezing
- Donation to third party
- Research
- Direct killing
- Allowing to die



Suggestions for regulation of assisted reproduction

- Clarity, accuracy & consistency in use of terms
- Encouragement of adoption as route to parenthood
- Greater support for infertility treatment for those who cannot pay (with caveats)
- Support for research on embryo splitting and ova freezing



- Option to dispose of extra embryos without direct killing
- Application to private as well as public sectors of same regulatory standards
- Recognition of innovative treatment as subset of research
- Involvement of those most affected in development of policies about asstd. reproduction

